

Form Status: Certified and Sent to USEPA

Validation Status: Passed w/ Data Quality Alerts

1 2 3 4 5 Additional Info

(IMPORTANT: Read instructions before completing form; type or use fill-and-print form)

Form Approved OMB Number: 2025-0009

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<b>EPA</b> United States Environmental Protection Agency		<b>FORM R</b> Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.		TRI Facility ID Number <b>98134LSKNC32006</b> Toxic Chemical, Category, or Generic Name <b>Nitric acid</b>	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [ ][ ]		Withdrawal (Enter up to two code(s)) [ ][ ]	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : <b>2011</b>					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer questions 2.2; attach substantiation forms) <input checked="" type="checkbox"/> NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "Yes" in 2.1)			
SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)					
I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.					
Name and official title of owner/operator or senior management official:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		<b>98134LSKNC32006</b>	
Facility or Establishment Name <b>ALASKAN COPPER WORKS</b>					
Street <b>3200 6TH AVE S</b>		Mailing Address (if different from physical street address) <b>PO BOX 3546</b>			
City/County/State/ZIP Code <b>SEATTLE / King / WA / 98134</b>		City/State/ZIP Code <b>SEATTLE / WA / 98124</b>		Country (Non-US)	
4.2 This report contains information for : ( Important: check a or b; check c or d if applicable)		a. <input checked="" type="checkbox"/> An Entire facility		b. <input type="checkbox"/> Part of a facility	
4.3 Technical Contact name		<b>JAMES BROWN</b>		Email Address (b) (6)	
4.4 Public Contact name		<b>JAMES BROWN</b>		Telephone Number (include area code) <b>2066235800</b>	
4.5 NAICS Code(s) (6 digits)		a. <b>332996</b> (Primary)		b. c. d. e. f.	
4.6		Dun and Bradstreet Number(s) (9 digits) a. <b>009255571</b> b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1 Name of U.S. Parent Company (for TRI Reporting purposes)		<b>ALASKAN COPPER WORKS</b>		No U.S. Parent Company (for TRI Reporting purposes) <input type="checkbox"/>	
5.2 Parent Company's Dun & Bradstreet Number		NA <input type="checkbox"/>		<b>009255571</b>	

**EPA FORM R**  
**PART II. CHEMICAL - SPECIFIC INFORMATION**

TRI Facility ID Number

98134LSKNC32006

Toxic Chemical, Category, or Generic Name

Nitric acid

**SECTION 1. TOXIC CHEMICAL IDENTITY** (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
	7697372
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Nitric acid
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive).
	NA

**SECTION 2. MIXTURE COMPONENT IDENTITY** (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.)
	NA

**SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY**  
 (Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input checked="" type="checkbox"/> Ancillary or other use	

**SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR**

4.1	[ 03 ] (Enter two-digit code from instruction package.)
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**SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE**

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA [ ]	A	O
5.2	Stack or point air emissions	NA [ ]	A	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA [ X ]		
Stream or Water Body Name				
5.3.1	NA			

EPA Form 9350-1 (Rev. 10/2011) - Previous editions are obsolete.

 \*For Dioxin and Dioxin-like Compounds, report in grams/year  
 \*\*Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>	TRI Facility ID Number
	98134LSKNC32006
	Toxic Chemical, Category, or Generic Name
	Nitric acid

## SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4.1 Underground Injection on-site to Class I wells	[ X ]		
5.4.2 Underground Injection on-site to Class II-V wells	[ X ]		
5.5 Disposal to land on-site			
5.5.1.A RCRA subtitle C landfills	[ X ]		
5.5.1.B Other landfills	[ X ]		
5.5.2 Land treatment/application farming	[ X ]		
5.5.3.A RCRA Subtitle C surface impoundments	[ X ]		
5.5.3.B Other surface impoundments	[ X ]		
5.5.4 Other disposal	[ X ]		

## SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)		NA [ ]					
6.1.1 POTW Name		WEST POINT TREATMENT PLANT					
POTW Address		1400 UTAH AVE					
City	SEATTLE	County	King	State	WA	Zip	98199
A. Quantity Transferred to this POTW (pounds/year*) (Enter range code** or estimate)				B. Basis of Estimate (Enter code)			
A				O			

<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>						TRI Facility ID Number			
						98134LSKNC32006			
						Toxic Chemical, Category, or Generic Name			
						Nitric acid			

  

6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						[NA] [ ]			
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6.2.0 Off-Site EPA Identification Number (RCRA ID No.)						WAD991281767			
Off-Site Location Name:						BURLINGTON ENVIRONMENTAL INC			
Off-Site Address:						20245 77TH AVENUE SOUTH			

  

City	KENT	County	King	State	WA	Zip	980321362	Country (Non-US)	
Is location under control of reporting facility or parent company?							[ ] Yes [ X ] No		

  

A. Total Transfer (pounds/year*) (Enter range code** or estimate)		B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)	
1. 4320		1. C		1. M40	

  

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						WAD020257945			
Off-Site Location Name:						BURLINGTON ENVIRONMENTAL INC			
Off-Site Address:						1701 EAST ALEXANDER AVENUE			

  

City	TACOMA	County	Pierce	State	WA	Zip	984214106	Country (Non-US)	
Is location under control of reporting facility or parent company?							[ ] Yes [ X ] No		

  

A. Total Transfer (pounds/year*) (Enter range code** or estimate)		B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)	
1. 6411		1. C		1. M61	

  

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY		
[ ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.		
a. General Waste Stream (Enter code)	b. Waste Treatment Method(s) Sequence [Enter 3-character code(s)]	c. Waste Treatment Efficiency Estimate
7A. 1 a	7A. 1 b	7A. 1 c
W	2 : H077 3 : H121	E3

**EPA FORM R**  
**PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

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Toxic Chemical, Category, or Generic Name

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**SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES**

[ X ] NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [Enter 3-character code(s)]

**SECTION 7C. ON-SITE RECYCLING PROCESSES**

[ X ] NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [Enter 3-character code(s)]

**SECTION 8. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION, AND RECYCLING ACTIVITIES**

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	10	10	10
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	0	0	0
8.1d	Total other off-site disposal or other releases	NA	0	0	0
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	10736	10000	6000
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)		NA		
8.9	Production ratio or activity index		NA		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [X]		
	Source Reduction Activities (Enter code(s))		Methods to Identify Activity (Enter code(s))		
8.10.1	NA				

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\*For Dioxin and Dioxin-like Compounds, report in grams/year

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Additional optional information on source reduction, recycling, or pollution control activities.

Miscellaneous, additional, or optional information regarding the Form R submission